

ISSUE STAPLE AREA (for additional copies, if necessary)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Q. G.	54087	4/15/98
O.I.P.E. CLASSIFIER	H. E. B.	49	3/6/98
FORMALITY REVIEW		64477	4-15-98

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/12/98
2	✓	✓	1/12/98
3	✓	✓	1/12/98
4	✓	✓	1/12/98
5	✓	✓	1/12/98
6	✓	✓	1/12/98
7	✓	✓	1/12/98
8	✓	✓	1/12/98
9	✓	✓	1/12/98
10	✓	✓	1/12/98
11	✓	✓	1/12/98
12	✓	✓	1/12/98
13	✓	✓	1/12/98
14	✓	✓	1/12/98
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47	✓	✓	1/12/98
48	✓	✓	1/12/98
49	✓	✓	1/12/98
50	✓	✓	1/12/98

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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